

RECEIVED  
CENTRAL FAX CENTER

FEB 02 2007

## SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH

PATENT, TRADEMARK &amp; COPYRIGHT ATTORNEYS

P.O. Box 2938

Minneapolis, MN 55402

Telephone (612) 373-6900 Facsimile (612) 339-3061

February 2, 2007

TO: Commissioner for Patents

Attn: (None entered)

Patent Examining Corps

Facsimile Center

P.O. Box 1450

Alexandria, VA 22313-1450

FROM: Janal M. KalisOUR REF: 2373.002US1

TELEPHONE:

FAX NUMBER (571) 273-8300

\* Please deliver to Examiner (None entered) in Art Unit N/A. \*

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (2 pages).Total pages of this transmission, including cover letter: 2 pgs.

If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Jinzhang YuExaminer: (None entered)Serial No.: 10/594,159Group Art Unit: N/AFiled: September 26, 2006Docket No.: 2373.002US1Title: INSERTION ASSEMBLY FOR DOOR AND WINDOW FRAMES

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.



Richard J. Huber

2-2-07

Date of Transmission

FEB 02 2007

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/594,159
Filing Date	Sep 26, 2006
First Named Inventor	Jinzhang Yu
Art Unit	
Examiner Name	
Attorney Docket Number	2373.002US1

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 21186

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.


The reasons for this request are:

The Practitioner is discharged by the client - CFR 10.40 (b)(4)

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Tom Leffert Leffert Jay & Polglaze, P.A.				
Address	150 South Fifth Street Suite 1900				
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone				Email	
Signature					
Name	Jandi M. Kalls	Registration No.	37,650		
Date	2/2/07	Telephone No.	612-373-6976		

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.